

Position Request Form

*for positions already approved through budget process or otherwise budgeted

*please complete the form in it's entirety & attach job description

Requested By: _____

Position Title: _____

Department: _____

Budget Center: _____

Reports to: _____

Employee Name(if known) _____

New Position

Existing Position

Special Assignment

Full Time Exempt

Full Time Non Exempt

Part Time (less than 28 hours / week)

Temporary (less than 28 hours / week & less than 6 months)

Number of Positions _____

Teaching Assistant _____ Semester _____

Intended Start Date: _____

Intended End Date: _____

Intended Hours per week: _____

Intended Hourly Rate: _____

-or-

*Intended Salary: _____

*Salary Band Code: _____

*Regular FT position only

Schedule:

6 month or less

9 month

10 month

10 month FT 2 month halftime

12 month

Comments:

Department Director / Chair _____

Division VP* _____

Human Resources: _____

Business Services: _____

VP of Admin & Finance*: _____

**not applicable if temporary*

approved copies to: Department & HR